



ARTHRITIS IN NORTHEAST MISSOURI

Arthritis is one of Missouri's most prevalent chronic health problems, affecting approximately 1.5 million residents 18 years of age and older. It costs approximately \$1.3 billion annually in Missouri and is a leading cause of disability. Contrary to the popular belief that arthritis afflicts only the elderly, an estimated 41.5% of Missouri adults between the ages of 35 and 64 suffer from this disabling condition.

This report contains the results of the 1999 survey for the state and Northeast Missouri BRFSS Sampling District. Unless otherwise noted, the Centers for Disease Control and Prevention's arthritis definition is used: doctor diagnosed and chronic joint symptoms. For this report, unless otherwise noted, all graphs represent the population in the Northeast Missouri BRFSS Sampling District only.

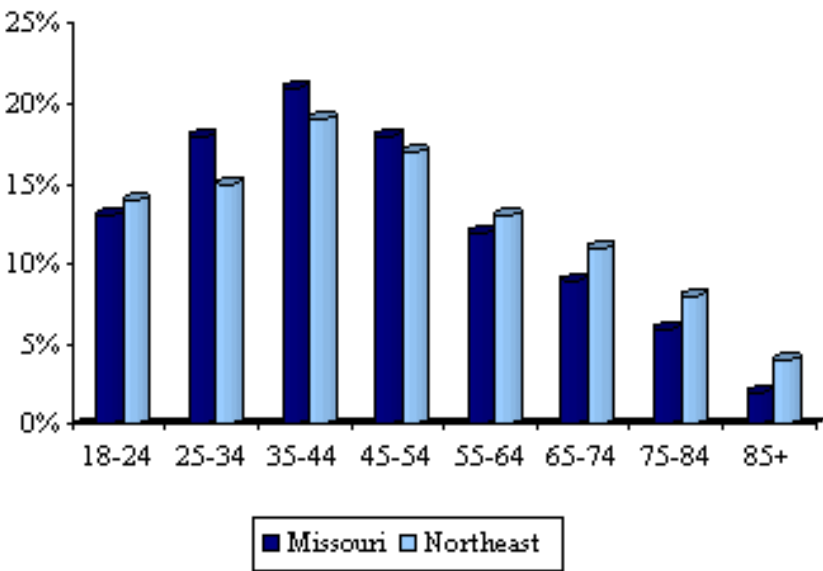
BRFSS Sampling Region-Northeast Missouri *Adair, Chariton, Clark, Grundy, Knox, Lewis, Linn, Livingston, Macon, Marion, Mercer, Monroe, Pike, Putnam, Ralls, Randolph, Saline, Scotland, Schuyler, Shelby, and Sullivan counties.*

Age Distribution

The adult age distribution of Missouri and Northeast Missouri are very similar.

However, Northeast Missouri has a lower percentage of adults 25-54 and a higher percentage aged 55+.

State and Northeast Missouri Population distribution by Age

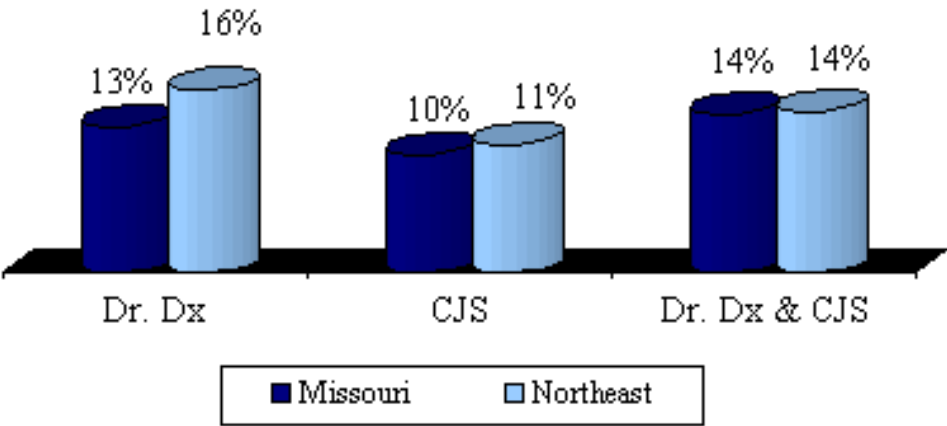




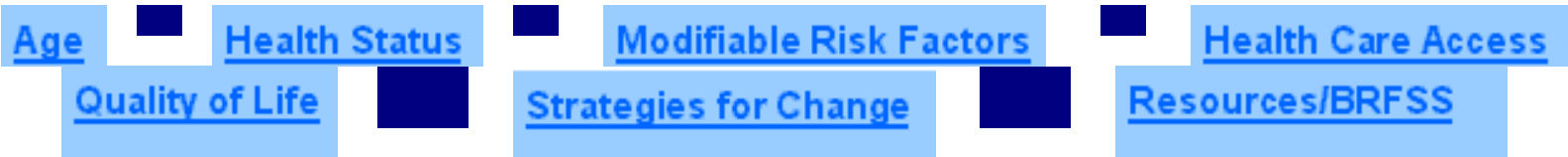
ARTHRITIS IN NORTHEAST MISSOURI

Arthritis Prevalence Northeast Missouri

1999 BRFSS Northeast Missouri Sampling District Data



41% of Northeast Missouri adults reported being told by a doctor they have arthritis (**Dr. Dx**) and/or indicated they had chronic joint symptoms (**CJS**) - pain, stiffness, and swelling - suggestive of undiagnosed arthritis.



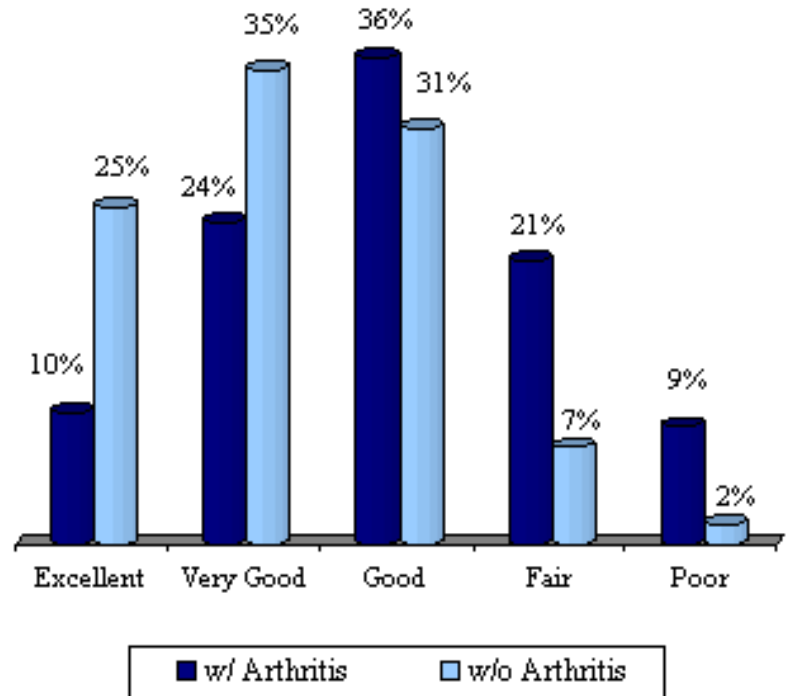


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Health Status

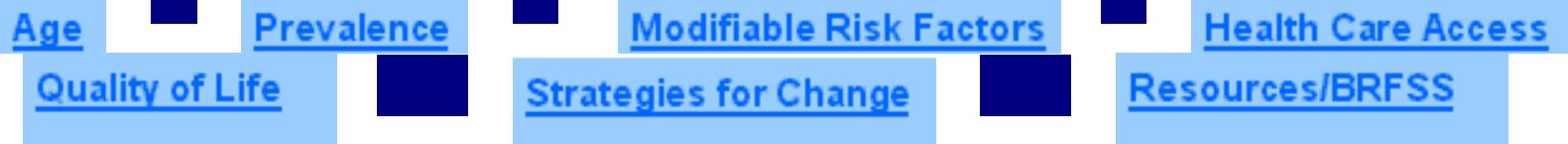
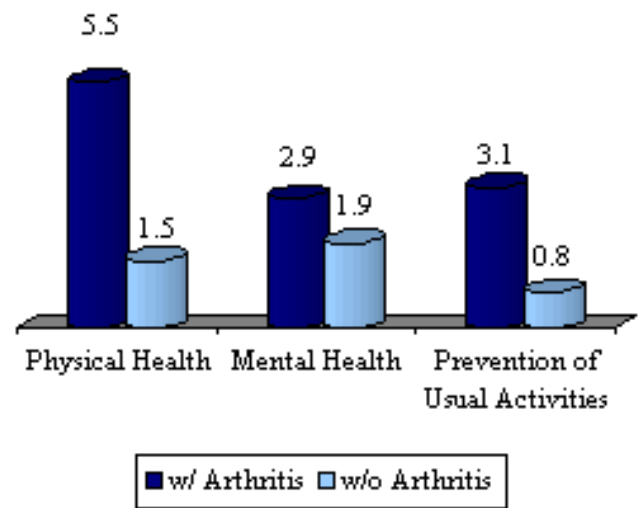
Arthritis vs. No Arthritis

Overall, the majority of adults in Northeast Missouri say their general health is good or better. However, people with arthritis are **more likely** to report fair and poor health than those without arthritis.



Northeast Missouri adults with arthritis reported higher mean numbers of days in the past month that their physical and mental health were **not good**.

Additionally, they reported more days when physical or mental health **prevented** their usual activities than those without arthritis.



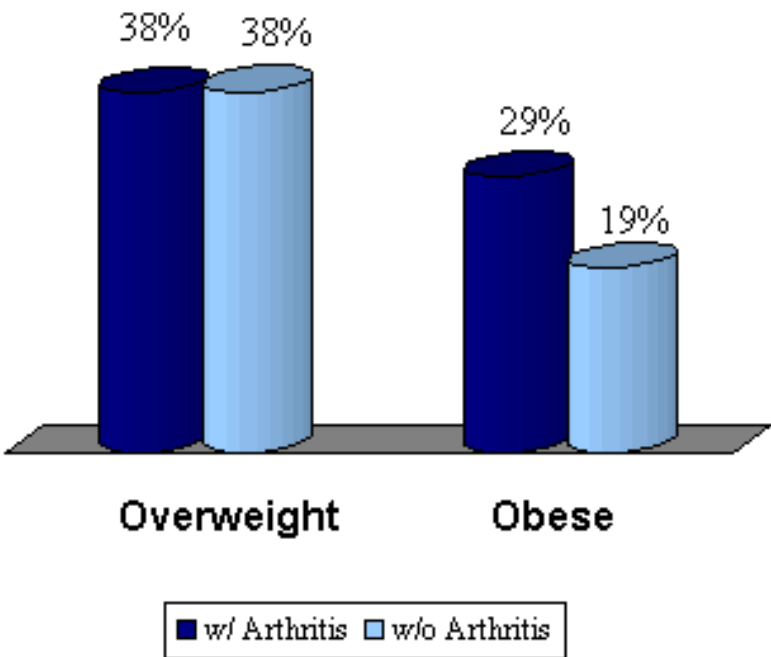


ARTHRITIS IN NORTHEAST MISSOURI

Modifiable Risk Factors Arthritis vs. No Arthritis

Northeast Missouri adults with arthritis reported a higher prevalence of obesity than those without arthritis. Maintaining an appropriate body weight through physical activity and a balanced diet can be helpful in keeping arthritis-related discomfort to a minimum, reducing risk of other diseases, and improving overall health.

During the past twelve months, only 33% of adults with arthritis reported that a health care professional counseled them about physical activity or exercise, while 30% reported that a health care professional had counseled them about diet or eating habits.





ARTHRITIS IN NORTHEAST MISSOURI

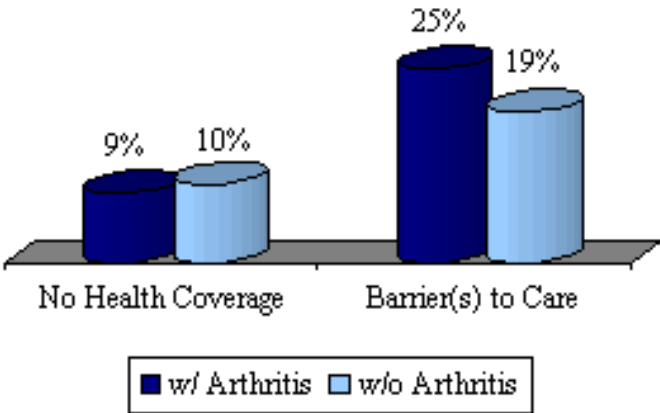
Health Care Access

Arthritis vs. No Arthritis

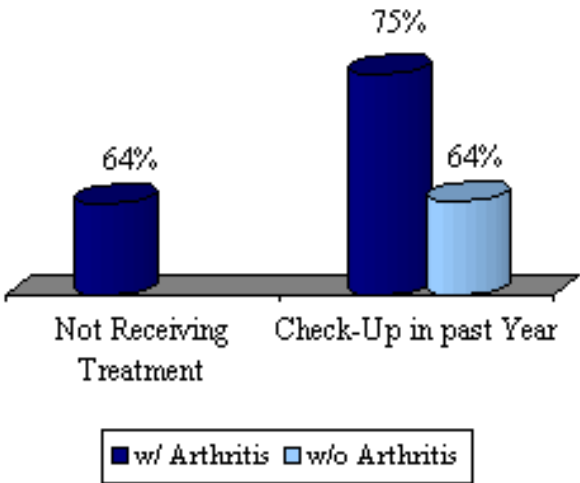
In Northeast Missouri, similar percentages of adults with and without arthritis were without some form of health care coverage. However, people with arthritis reported a slightly higher prevalence of barrier(s) to a doctor visit in the past year than those without arthritis.

Barriers included cost, lack of transportation, difficulty in getting an appointment, physician not accepting Medicaid/ Medicare, limited service, inability to take off of work, etc.

Access: Coverage & Barriers



Access: Treatment & Check-Up



Approximately two-thirds of Northeast Missouri adults with arthritis are currently not receiving treatment by a doctor for their arthritis. Additionally, approximately one-quarter of adults with arthritis have not had a routine check-up in the past year. Early diagnosis, treatment, and regular care by a doctor in addition to regular physical activity, weight management, and self-management of arthritis are essential for maximizing health outcomes and quality of life.

Age

Prevalence

Health Status

Modifiable Risk Factors

Quality of Life

Strategies for Change

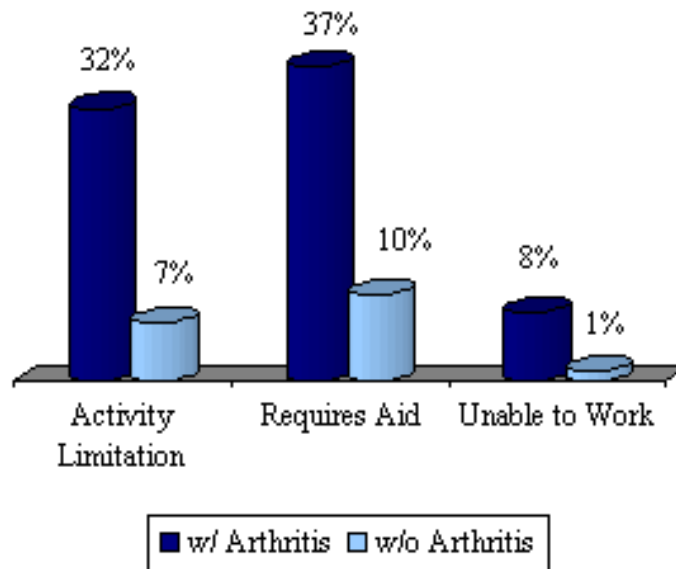
Resources/BRFSS



ARTHRITIS IN NORTHEAST MISSOURI

Quality of Life

Arthritis vs. No Arthritis



17% of the Northeast Missouri adult population (with and without arthritis) reported an activity limitation in their daily life due to a health problem. Of these:

- 16% reported arthritis/rheumatism
- 8% reported a heart problem
- 3% reported diabetes
- 2% reported high blood pressure
- 2% reported an eye/ear problem
- 19% reported fractures/broken bones/back pain, and
- 50% reported an other problem.

Adults with arthritis had a higher prevalence of activity limitation and were more than three times as likely to require assistance with personal care and/or daily routine needs than those without arthritis. Of those individuals aged 18-64 years who were unable to work, over 83% reported arthritis.

[Age](#)

[Prevalence](#)

[Health Status](#)

[Modifiable Risk Factors](#)

[Health Care Access](#)



[Strategies for Change](#)



[Resources/BRFSS](#)



ARTHRITIS IN NORTHEAST MISSOURI

Strategies for Change

Taking Action

Early diagnosis and proper disease management are vital to reducing pain and discomfort, preventing deformities and loss of joint function, and maintaining a productive and active lifestyle.

- Visit your doctor if you experience any of these warning signs in or around a joint for more than two weeks including pain, swelling, stiffness, and problems moving one or more joints.
- Follow a regimen of appropriate regular physical activity.
- Reduce to or maintain a healthy body weight.
- Eat a well balanced diet.

These healthy behaviors will help you manage your arthritis and reduce your risk of developing a number of other chronic health conditions, such as diabetes, heart disease, and even osteoporosis.

By increasing your physical activity level, you can improve the strength of your muscles that support your joints, improve your endurance and flexibility, and strengthen your bones. Weight management can reduce, pain and disability and in some cases, prevent the onset of osteoarthritis.

With proper medical treatment and self-management, people with arthritis, osteoporosis and other chronic diseases can improve mobility, minimize pain, and improve overall health.

<u>Age</u>		<u>Prevalence</u>		<u>Health Status</u>		<u>Modifiable Risk Factors</u>
<u>Health Care Access</u>				<u>Quality of Life</u>		<u>Resources/BRFSS</u>



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ARTHRITIS RESOURCES

If you would like to learn more about physical activity and self-management courses in your area or if you need to locate a doctor in your area, contact your local Regional Arthritis Center, or Arthritis Foundation office.

Missouri Arthritis and Osteoporosis Program

Beth Richards, Manager 800-316-0935

Northeast Missouri Regional Arthritis Center

Doris Fountain, Coordinator 800-626-5266 x 2049

Arthritis Foundation, Eastern Chapter

Linda Sherwin, President 314-991-9333

About the Behavioral Risk Factor Surveillance System (BRFSS)

The Missouri Department of Health and Senior Services (DHSS) conducts ongoing surveillance with the assistance of the US Centers for Disease Control and Prevention (CDC). 1999, DHSS conducted approximately 4,200 BRFSS telephone surveys with adults 18 years of age and older. This sample permits statewide and regional estimates. Interviewers ask questions related to disease, health behaviors, screening, quality of life, mental health, impairment, and access to healthcare and insurance.

For more information about the BRFSS, contact the Office of Surveillance, Research and Evaluation at 573-522-2880. Additional information is available from the DHSS, Section for Chronic Disease Prevention and Health Promotion at 573-522-2800.

Alternate forms of this publication for persons with disabilities may be obtained by calling 800-316-0935. Hearing impaired citizens' telephone 800-735-2966. CDC Grant/Cooperative Agreement Number 99038 supported this publication. Its contents are solely the responsibility of the authors and do not represent the official views of CDC.

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